

BÖLÜM 83

SİSTEMİK HASTALIKLAR VE KARACİĞER

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GİRİŞ

Anormal karaciğer fonksiyon testinin en sık sebepleri viral hepatit, alkol alımı, nonalkolik yağlı karaciğer hastalığı, otoimmün hastalıklar ile Wilson hastalığı, hemokromatozis gibi hereditör hastalıklardır. Öte yandan ilaç kullanımına bağlı gelişen toksik hepatit günümüzde gittikçe artan bir sebep olarak ortaya çıkmaktadır. Fakat bazı sistemik hastalıkların karaciğeri direk tutmaları ile karaciğer hasarlanması da ortaya çıkabilmektedir. Sistemik hastalıklarda karaciğer etkilenmesini bilmek hem karaciğer hasarının doğru teşhisini sağlayacak hem de hastayı birçok gereksiz muayene ve tetkikten kurtaracaktır.

KARDİYOVASKÜLER HASTALIKLAR

İskemik Hepatit

Aynı zamanda hipoksik hepatit, şok hepatiti olarak bilinir. Akut hipoperfüzyona sekonder

gelişen diffüz hepatik hasarı ifade eder. Fiziopatolojisine bakıldığında iskeminin süresine ve şiddetine bağlı olarak normalde de oksijenlenmiş kanı daha az alan karaciğer lobülü zon 3 bölgesindeki hepatositlerin nekroza uğramasıdır. Hemodinamik instabilite veya hipoksinin ardından 24-48 saat içinde hızlı ve dramatik olarak laktat dehidrogenaz (LDH), aminotransferazlar ve billirubinde artış görülür. LDH değeri viral hepatite göre çok aşırı yükselir, aspartat aminotransferaz (AST), alanin aminotransferaz (ALT) değerleri normalin 50 katı üzerine çıkabilir ve AST baskın olarak yükselir, sonrasında hızlı bir şekilde 7-10 günde normale döner. İskemik hepatite çoğu zaman renal hasara bağlı üre kreatinin yüksekliğide eşlik edebilir. İskemik hepatitin tedavisinde altta yatan hemodinamik bozukluğun düzeltilmesi önemlidir. İskemik hepatit neredeyse her zaman kendini sınırlasa da hastalığın altta yatan nedenine bağlı olarak prognozu kötüdür % 25 ölüm ile sonuçlanır.

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seyretrmektedir. Masif amiloidozisli hastalarda öncelikle ALP ve GGT artışı görünmekte sonra ılımlı derecede AST ve ALT yüksekliği buna eşlik etmektedir.

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